MEDICINE AND PHILOSOPHY

Some Notes on the Flirtations of Minerva and Aesculapius
Annual Oration of the Society for Health and Human Values

EDMUND D. PELLEGRINO, M.D.

Vice President for the Health Sciences
Chancellor of the Medical Units
Professor of Medicine and Medical Humanities
The University of Tennessee

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FOREWORD

The technology of medicine is based on the biological sciences, the behavioral and social sciences and the humanities. Too often and for too long a time have physicians in patient and health care denied the importance and the contributions of the behavioral and social sciences and the humanities. In diagnosis, treatment and the prevention of illness the biological sciences have made the astounding achievements of modern medicine possible. On the other side, the ignorance and neglect of psychological, social and economic issues and the lack of a quest for meaning in medical care are responsible for much of what is deplorable and deficient in modern medicine. Some of these problems can be solved by scientific explorations in the behavioral and social sciences; others can be approached by reasoning which philosophers have developed over the centuries.

The task of the Society for Health and Human Values has emphasized the importance of the behavioral and social sciences and the humanities in patient care, education and scholarship. The Society attempts to fill the existing gap and assist in the evaluation of a health system in which human values will be recognized.

Dr. Edmund D. Pellegrino, past president of the Society, a great physician, scholar and humanist, is analyzing the relationship of medicine and philosophy; in jest he speaks of the age-old flirtation of Minerva and Aesculapius. It is obvious that he hopes for a lasting and fruitful union. He points to the flowering coexistence of medicine and philosophy in ancient Greece, possibly overvaluing—like in other love affairs—the romance of the past. Today’s need in a time of enormous and rapid technological and social change, alienation and anomie, for such a union of a scientific technology and disciplined reasoning, reflection and a serious search for
values is greater than ever. Contemporary man's condition, manifested most starkly in suffering, illness and the mystery of death, makes Dr. Pellegrino's address as well as the aims of the Society for Health and Human Values truly significant. We will never have all the answers, but we will be better human beings and better physicians if we ask the right questions, appreciate the problems and are aware of our limitations in the biological, psychosocial and existential areas.

Fritz Redlich, M.D.

Yale University School of Medicine
1974

President, Society for
Health and Human Values
The Medical Uses of Philosophy

"The crucial question for our age is this. Whether reality can be approached and known, not only phenomenally by science, but also ontologically by philosophy."—J. Maritain, On the Use of Philosophy, Princeton University Press.

Introduction: Medicine, Philosophy and Culture

Nothing so uniquely characterizes a culture as the image it fabricates of man. A mature culture confers on that image a wholeness which harmoniously unites the disparate elements of human existence, giving them comprehensibility and direction. When a culture lacks this harmony, it is reflected in the confusion and alienation of the personal lives of its members. It is precisely the lack of this harmony which constitutes the central cultural deficiency of our times.

We cannot assemble a satisfying image of man until we can reconcile his existence as a unit of a complex, industrialized, technological society, with his existence as a being with esthetic, moral and religious sensibilities. Today's task is complicated by the pervasiveness of science and technology in our lives and the seeming impoverishment of the humanities as instruments of cultural synthesis. The resultant tension between technology and values colors every present and future human action and decision.

A unified image of man is impossible without the ultimate participation of every intellectual discipline which studies man and his behavior. But two disciplines—medicine and philosophy—have a unique and central responsibility in any cultural synthesis. Indeed, no viable contemporary humanism is possible without their closest interaction. That interaction is the keystone around which the other disciplines will eventually build.

Traditionally, medicine and philosophy have each been deeply concerned with the most fundamental aspects of man and his existence. For centuries, medicine has probed his body and his biological and social reality, and philosophy has concentrated on man's thinking and knowing—speculating on his nature and his
actions as a moral and artistic being. In its own way, each discipline has, in every era, wrestled with learning what man is about.

Medicine and philosophy have consequently never been able to ignore each other completely. Indeed, Minerva and Aesculapius have enjoyed a centuries-old series of flirtations, oscillating between affection and antagonism, need and rejection, dominance and submission—but never indifference.

At one period they were in the closest conjunction, and that era created the most harmonious image of man, the one subsumed in the Greek ideal of Paideia—what man should be and how he could be educated to become all he is capable of becoming. Indeed, Jaeger called Greek medicine "... the root and the fruit of Paideia."3

Is it possible to think of a contemporary Paideia fashioned from a new liaison of medicine and philosophy? The question is problematic if we reflect on the troublous history of their relationship in the centuries subsequent to fifth and fourth century Greece.4 What Danner Clouser called a "mixed marriage" in need of counseling5 today more resembles a state of estrangement, and even irreconcilable incompatibility. There are, however, new and hopeful developments in the recent intellectual history of both disciplines, which may make them susceptible to a new reconciliation—one which could be even more significant for modern man than their happy conjunction was for ancient Greece.

To develop this thesis we shall examine first, the vexed history of medicine's relationship to philosophy, then, those developments in the recent history of each which reveal the necessity and possibility of new interactions. Finally, we shall define some of the ways philosophy can interact with medicine to eventuate in a new cultural ideal—a sort of contemporary humanism or modern-day Paideia.

I—The Historical Prelude

A) Ionian and Attic Philosophy and Medicine

The whole history of the relationship of medicine to philosophy is prefigured in the history of Greek medicine, which starts with the domination of medicine by philosophy, passes through a stage of conflict and separation and ends with medicine and philosophy strongly influencing each other as equals.
In these days of specialization we find it difficult to appreciate how intimately medicine was a part of Greek culture. The pre-Socratic Ionian philosophy encompassed everything we now call natural science, including medicine. Medicine thus shared in the major characteristic of Ionian philosophy which was the study of nature. It imbibed a concern for natural explanations of external events, an interest in the phenomena of cause and effect and the puzzling fact of change. It shared also in philosophy's faith in the capacity of human reason and observation to apprehend the complexion of nature.

Under the influence of Ionian naturalism, medicine discarded its post-Homeric domination by religion and myth. It began its long and oft-interrupted trek toward becoming a science. As the Hippocratic works *Airs, Waters and Places* and *On Divine Diseases* attest, man and his diseases came to be seen as natural events and parts of the cosmos, subject to the same laws as the rest of nature and not to the work of mysterious Orphic forces.

While the influences of Milesian natural philosophy were for the most part beneficial to medicine, the fusion of medicine with philosophy tended eventually to an over-dominancy by philosophy which was then by far the stronger discipline. Pythagoreans like Alcmaeon and Philolaus of Croton mingled sound clinical observation with Orphic mysticism and the metaphysics of number. Philosophers like Anaxagoras and Diogenes undertook physiologic studies. Empedocles, who was both physician and philosopher, devised the influential theory of the four elements which was used to explain health and disease. Such diverse philosophies as that of Parmenides and Heraclitus who were obsessed with the phenomenon of change, as well as the atomistic materialism of Democritus, and the rhetorical enthusiasm of the sophists, were uncritically imbibed by the philosophasters among the physicians. Philosophy and physiology were too easily welded into grand theories of man, disease and the Cosmos. Some of the seminal ideas in the history of science and culture emerged as a result of this strong speculative bias. But unrestrained by the soberness of experience, this excess of philosophic influence began to have a damaging effect on medicine.

This was the situation in the fifth and fourth centuries B.C. when the Hippocratic school of medicine appeared as a dominant force in both medicine and philosophy. Celsus credited the author of one of that most important of the Hippocratic treatises, *On*
Ancient Medicine, with separating medicine from philosophy, as it had been separated earlier from religion. Reacting particularly to the excessive influence of Empedocles’ theory of the four elements, the Hippocratic author strongly championed the primacy of empiric approaches and individualized clinical case study based in observation and logical thought. Medicine, thus rooted in clinical realism, came into conflict with speculative philosophy. Out of this conflict medicine clarified its own view of itself and more clearly recognized its unique contribution—the direct study of nature as exemplified in individual patients in health and disease.

Once medicine had thus clarified its own position, it was asked to influence philosophy in profound ways. Werner Jaeger, by a careful reading of the Hippocratic texts, has shown how heavily the philosophies of Plato and Aristotle have drawn upon medicine. The key text again is On Ancient Medicine. Its author flatly rejected prefabricated theories in favor of the direct study of nature through medicine, the most available of the sciences of the time. He thus reversed the pre-Socratic approach to nature via thought and insisted that theory must start with fact.

Hippocratic medicine, however, did not limit itself to observation only. And so, it had a deep effect on Attic Philosophy. It did begin to speak of types of individuals and diseases, giving impetus to Plato’s concepts of idea and forms—the very basis of his ethics and ontology. Medicine provided Plato with the ideal model of knowledge applied for the benefit of man, and this substantially nourished his ethics and politics. Plato proposed that philosophy itself should follow medicine’s example and heal the soul as medicine did the body, by starting with objective knowledge of nature.

Aristotle used the same medical treatise as a model for his ethics. Just as a treatment must be individualized, so must a general norm of morality be individualized and a balance struck between extremes of harshness and leniency. Aristotle’s teleology owes much to the medical conviction of a purpose in nature which the doctor assists when he treats a patient. Also, medicine sharpened the relationship of the whole to the part, with its emphasis on health as a restoration of the balance between the two. This latter concept inspired both Plato’s and Aristotle’s developments of the idea of arete—or health of the soul and body, derived from the proper balance of these components with each other and with nature.

Medicine and philosophy were thus integral components of
general culture in Greek times. Indeed, they were the major determinants of the dominant image of man and his existence—the ideal of Paideia. Jaeger even equates Paideia with Health in its broadest sense. Such an ideal could only have had its origins in the closest conjunction of medicine and philosophy. The ideas born of this cross fertilization have sustained civilization in the western world for two millennia.

B) Post Hippocratic—Post Attic Era

From their zeniths, both Hippocratic medicine and Attic philosophy went into decline in the Hellenistic period. Medicine suffered most, and for the subsequent two millennia it was dominated by whatever philosophic currents were in the ascendant. Lacking the protection of an armamentarium of fact and observation, medicine could not maintain its equilibrium against the powerful thrust of philosophy. Theories of disease and therapeutics were dictated alternately by Aristotelian metaphysics and Pyrrhonian scepticism as with the Empiricists, or by the Timaeus of Plato with the Dogmatists, or by the ethics of Epicurus and Zeno with the Methodists. Each school devised its own ready-made system of medicine and violently opposed the others. While preserving some remnant of clinical Hippocratic medicine, these schools generally eschewed anatomy and physiology as unnecessary and frivolous. Philosophy, not observation, was the means for acquiring knowledge of medicine; therapeutics took precedence over diagnosis.

Galen temporarily interrupted this stream of unopposed speculation by introducing experimental physiology and re-emphasizing anatomy. But he too suffered from his own overly ambitious attempts to synthesize Aristotle's ethics and theories of categories and of final causes, with elements of Platonism and Hippocratic medicine. Galen's attempt was intellectually more respectable than some others, and his ideas became the dominant school for 1500 years. In subsequent centuries Galenism was intermingled with elements of Christian theology, oriental religion, neo-platonism and gnosticism. In the Middle Ages, Galen's medical philosophy came under the powerful influence of medieval scholastic philosophy and thereby assumed a dogmatic importance in the Christian mind far in excess of its intellectual probity.
The most violent, colorful and absurd figure and the archetype of medical philosophasters was Paracelsus. He attacked Galen and all other medical authors with gusto. He burned Avicenna’s books; he touted intuition and his own concoction of neo-platonism, alchemy and astronomy as the true theory of medicine. Philosophy was the “only gate to medicine” he said, and those who take any other route are “thieves and murderers.”

Paracelsus was the spiritual father of a long line of medical romantics, mystics and anti-authoritarians like Hoffman, Stahl, John Brown and Hahnemann. His spirit lives today in those romantic students and faculty who yearn for a “new” medicine built on intuition, action and relevance, and eschewing science and reason.

The Paracelsian spirit is an irrepressible tendency always ready to blossom in some minds whenever there is confusion and loss of faith in science. The dominating philosophy will differ, but the character of the medicine spawned at such times will be the same—speculative, dialectical, polemical and disdainful of the constraints imposed by clinical craftsmanship. Any time we abnegate observation, experiment and reason, we rob medicine of its unique protection against philosophic excess—doing a disservice to philosophy as well as medicine. We are then forced to relearn what the author of On Ancient Medicine taught a long time ago—that medicine is not philosophy and can consort safely with it only when protected by a fund of verifiable data.

There were many branches to the swelling stream of medical philosophies which followed on the 2000-year deliquescence of the Greek synthesis. Some were beneficial to the eventual development of medicine, like the medical theories which were born of Cartesian dualism. Descartes’ quest for a doubt-free knowledge led him to mathematicize medicine. His radical dualism made the body a machine. These two ideas were fashioned into medical theories by the iatrochemists and iatromechanists like Sylvius, Borelli and Bellini. They raised the real possibility that medicine could be based in chemistry, physics and mathematics, and they were the forerunners of today’s scientific and reductionistic medicine. They were also the first real clinical investigators. Their impact on the medicine of their times was limited, since their methods were crude and unequal to the theoretical possibilities they unfolded.

These medical Cartesians generated much antagonism among
those of their colleagues who were beginning to come under the influence of the German Idealist philosophers, and among the neo-Hippocratics like Sydenham and Boerhaave, who were disaffected as much with the Cartesian novelties as with the vapidities of the Paracelsian medical theorists.

The neo-Hippocratics urged a return of medicine to the clinical observation of individual patients and the careful study of the natural history of disease. They reaffirmed the importance of a sound knowledge of anatomy and physiology. They rejected the domination of medicine by philosophy and recalled the physician's attention to what he can best contribute to human knowledge—the wealth of concrete phenomena observed directly in patients. It is this spirit of sober observation of human disease which has inspired all the greatest clinicians from that time to now—Morgagni, Laennec, Osler and still inspires the best clinicians of our own time. Contemporary scientific clinical medicine is a fusion of the neo-Hippocratic spirit with a new, matured Cartesian conviction that human illness can be described in physico-chemical and quantified terms. The best elements of traditional clinical medicine can now be fused with scientific methodology at last equal to the complexity of some of the phenomena studied.

We cannot detail the further relationships of medicine and philosophy in the 18th and 19th centuries. The intellectual vigor of the Idealist philosophers like Kant, Hegel and lesser lights like Schelling and Feuerbach had a strong impact on a whole segment of medical thinkers, producing fanciful systems of medicine galore. These medical men were more restrained Paracelsians than some of their predecessors, and they had influence enough to attract students, found medical schools and produce practitioners. Homeopathy, chiropractic and naturopathy are the more recent epitomizations of the medical theories and practices which evolved from an over-infatuation with system-making and speculation, uninhibited by the staid but rigorous thinking of the neo-Hippocratics.

II. Contemporary medicine and philosophy

In the twentieth century, medicine has emerged completely from its centuries-long domination by philosophy. It has regained the separate identity first declared by the Hippocratic writers—largely as a result of its increasingly impressive and unprecedented empiric
and factual base. Today, medicine is a strong, independent discipline, rich in theoretical and practical accomplishments. It has turned from philosophic pursuits and it is wary and skeptical of any significant re-engagement with its formerly fascinating partner.

Rather, it is philosophy which is ailing today, unsure of its identity and seeking how it can recapture some of its pristine stature as the most fundamental of the humane disciplines. Philosophy has turned in upon itself and has yet to restore its shattered image. It has yielded the field to the overwhelmingly successful feats of the scientists, engineers and technologists.

The situation is very much like that which obtained when Hippocratic medicine finally struggled free of its domination by Ionian natural philosophy. Out of that struggle both medicine and philosophy learned that they had need of each other, and that a relationship of equals could be of mutual benefit. They showed that the intellectual synergism of two strong, complementary disciplines, addressing themselves to the fundamental questions about man, could produce a cultural synthesis never before possible.

What are the contemporary possibilities for another fruitful intersection of medicine and philosophy? A brief examination of the recent intellectual history of each discipline will reveal several key points at which they have need of each other. An interchange between them can now eventuate in a new cultural synthesis, which is the necessary base for any viable attempt at a contemporary humanism.

A) The State of Medicine Today

First, we can look at the present state of medicine. The exploitation of science and technology has permitted the fabulous exploits of which modern medicine is justly proud. Now that chemistry, physics and mathematics have been effectively applied in human biology, the dreams of the iatrochemists and iatromechanists are being realized. Medicine's thrust toward molecular biology and its deepening reductionism are certain to extend even further our proximate knowledge of man, as an object of science.

The successes of this reductionistic and mechanistic bias have encouraged the positivist views which most medical students imbibe along with their medical educations. Consciously acknowl-
edged on hilos medica units and ularl text, the personal philosophy an is rea ean daily life appote and even frivolous.

In large e cal opinion-makers attribute medical pr to freedom n tl easy generalizations to which philosoph only too often been subject. The well-informed remembe seductions of the Paracelsian spirit and the damaging effects of the unfettered theorizing of Idealist and Romantic philosophers. For many, therefore, the positivist tendencies of modern medicine are a sure sign of its intellectual health. To them, the idea of a closer liaison with philosophy must surely be seen as signs either of soft-headedness or naivete!

Yet, beneath this pride of accomplishments, certain events arising out of medicine's very successes, have created a disquietude about the sufficiency of the positivist stance. For one thing, the Nazi physicians showed how horribly distorted the ideals of clinical science could be when untempered by a humanistic value system. Then, the changing public mores with respect to abortion, population control, euthanasia and the rights of patients, have raised moral issues to which a positivist philosophy is unequal. Finally, physicians are now cognizant that the whole futurology of medicine—the possibilities of genetic manipulation, behavior control, organ transplantation, etc.—is fraught with questions of human values as complex in their ramifications as the coruscations of the molecular biologists. It is abundantly evident that a "new" medicine, without a "new" value system to match its potentialities, can overshadow man, reduce him to an object or an abstraction and even become an instrument of tyranny.

The futurology of medicine acutely illustrates the tension Taviss has pointed out between democratic values and the values of scientific rationality. As she emphasizes, futurologists tend to seek change in the direction of scientific control by man of his own destiny but their bias is to be relatively insensitive to change in the social system. How in technology and medicine do we define which are the dominant human values and who shall define them?

The ancient questions of the true, the good, the purpose of human existence and the enigma of the transcendental-all reemerge in new forms. They underlie the personal crises of illness and death, as well as the social crises of decisions that affect millions
now living or many millions more in future generations. We cannot use the awesome powers of medicine humanely without rethinking our idea and images of man, and the value and purposes of his existence.

A value-free medicine is no more adequate than a value-free sociology, to cope with the decisions man must make about his own future. The responsibility is all the more awesome since man can in significant part now control that future.

Medicine's disquietude with finding the answers it needs in science and scientific philosophy is a delayed response to what contemporary physics has already been learning. Bronowski has put it this way:

"There is no absolute knowledge, and those who claim it, whether they are scientists or dogmatists, open the door to tragedy. All information is imperfect. We have to treat it with humility. That is the human condition. And that is what quantum physics says. I mean it literally."14

If this is so in the material world, it becomes even more apparent in those recent attempts to provide an explanation of life in terms of quantum mechanics—in a sense, the penultimate tour de force for the reductionistic mode of explanation.15 When the more "precise" of the sciences, like physics, admit their limitations, it is time the less exact sciences, like biology and medicine, re-examine their pretensions about ultimate mechanistic explanations of life.

This is not to suggest a return to the other extreme of vitalism. Rather, biologists and medical theorists are required to be as critical of physics and chemistry as they correctly have been critical of philosophy as avenues to final or complete explanations of man and life. The retreat from ultimate explanations in terms of science in fact clarifies the genuine contributions of the reductionistic and the positivistic modes of explanation. They are still the best tools we have for an examination of man the object. To understand man the biological and material entity, verifiable and quantifiable data are still paramount.

For man the person, the thinking and feeling, decision-making being, however, we must seek other approaches, tentative though they may be. By asserting the validity of the physical sciences in approximating certain dimensions of man's being and the humanities for others, we can counter the excesses of both—which, as

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While the limitations of educationism must medicine still remains a strong and independent discipline pendent enough now to enter a serious dialogue with philosophy without the danger of being subordinated as in centuries past. But what of the state of contemporary philosophy? What is its readiness for the dialogue?

B) The State of Philosophy Today

Contemporary Philosophy is a discipline much contracted from its traditional and original broad expanse of cogitation. It is uncertain of its role in humanity's current crises and confused about its own future. For more than a century, modern philosophy has been turning in upon itself, and has become lost in the intellectual omphaloskepsis in which its positivist and analytic bent have culminated. To many philosophers, as well as other educated men, philosophy appears to have played out its role as a significant ingredient in culture. How utterly unbelievable this state of affairs would have been to Plato and Aristotle!

Philosophy's attenuated and somewhat atrophic state is the consequence of several centuries of a gradual retreat from metaphysics and first philosophy—from concern with the great and ultimate questions which men must always ask, and which every generation must always answer again in its own terms and in its own language.

This retreat is the culmination of a growing reaction over the past century to the speculative excesses of German idealist philosophy, which have dominated the scene a long time. Leibniz first confused and compromised the reality of the physical world by his doctrine of monads. They were supposed to give reality to material objects, but it was not clear whether they were merely mental constructs or had some closer connection with reality. Kant, in his massive and radical re-examination of reason as a tool in the pursuit of knowledge, dismantled traditional ontology and metaphysics. He too created dubiety about the real world, asserting that we could not know things in themselves, but only our sense impressions of them.
Fichte and Hegel carried the Kantian re-examination of reality several steps further. Fichte substituted the Ego as the absolute reality, laying the base for the solipsism of the existentialists. But it was Hegel, in the most pretentious and ambitious system yet to be devised, who carried the assertion of the autonomy of thought from reality its furthest. He called the knowledge of mind “... the most concrete of sciences,” and all information about particular men he termed “meaningless.” He posited an all-embracing unity underlying reality which he called the Absolute. The whole aim of philosophy was not to know the thing in itself, but to know the Absolute which alone was rational and true.

Schelling continued this search for a common ground of reality and settled on nature and force, while Schopenhauer extended the concept of will to embrace all phenomena. These bold attempts to substitute some reality for the knowledge of things in themselves reinforced the Kantian thrust that the mind could really and genuinely only know itself. Philosophy was thus dissociated from the real world, despite repeated attempts to make contact with that world through ingenious mental constructs. As Ortega y Gasset so aptly put it “Thought has swallowed the world: things have turned into mere ideas.” The practical consequences of Idealism for social, ethical and political life were astutely analyzed by Santayana.

For philosophy, the consequences of the Idealists' conceptions of reality were momentous. They were propounded during the same era in which the physical sciences were dramatically demonstrating their capacity to know reality with precision and capability never before dreamed of. Philosophy was forced to make some accommodation with the undisputed supremacy of the sciences to apprehend the very reality philosophers were casting into doubt. There were a variety of responses, the geography of which constitutes the history of philosophy in the last 75 years.

The positivists capitulated to science entirely and agreed that the only knowledge which was reliable was the knowledge of the sensible and the measureable as revealed by science. The analytic schools, beginning with Bertrand Russell, also agreed that philosophy had little to say about the real world. The problems posed by the metaphysicians were pseudo problems mostly the result of an uncritical use of language and a misunderstanding of its meaning. Moore reduced philosophy's task to the clarification of common
sense statements; Russell tried to achieve clarity by putting ordinary statements into a symbolic language to allow for a more rigorous analysis. The logical positivists demanded verifiability as the test of the meaningfulness of a statement. Wittgenstein and his Oxford colleagues retreated even from an analysis of meaning. They denied that philosophy could deal with meaning at all, but rather must restrict itself to finding the rules of the word games we all employ and then decide whether we are using words legitimately or not. In ethics, the philosopher was to concentrate on the language of moral discourse, not the norms themselves and certainly not the meta-ethical assumptions upon which they might be based.

The upshot of analytical philosophy has been to limit the uses of philosophy to the clarification of human discourse—whether that discourse be in ordinary, scientific or ethical language. Metaphysics is thus outlawed as a pseudoscience contrived out of redundant or meaningless statements. Analysis has served the useful purpose of reestablishing better contact between philosophy and a limited sector of reality, the reality of language. Its limitations are equally clear as Strawson points out "... the discriminations we can make and the connections we can establish, in this way, are not general enough and not far reaching enough to meet the full metaphysical demand for understanding."19

Another way contemporary philosophy has dealt with the unrestrained a priorism and deductions of earlier philosophies is through the method of phenomenology. Husserl, the founder of this method, was also interested in getting to know things in themselves. He proposed that this was possible only by limiting philosophy to a description of the phenomena as they present themselves to the apprehending subject, suspending all judgment about their origins or ultimate meaning. This was the method of epoché. Epoché joined with the process of reduction—the resolve to reflect radically on whatever presents itself—constituted the core of the phenomenological method.

Husserl's interpretations of his own method were diverse, as have been the interpretations of other contemporary philosophers. Yet the method has had a wide influence. It is a kind of philosophical empiricism, though quite distinct from traditional empiricism. Indeed, Zaner characterized phenomenology as a new science, a new empiricism and a transcendental idealism, whose focus is "critical philosophy." Its concern is with "... the explication,
analysis, assessment of every actual and possible experience, opinion, belief, value, attitude, activity—every mode of consciousness and every current and modulation of life whatever.20

Phenomenology has had a wide appeal for modern thinkers of the existentialist persuasion, as it has had for certain psychiatrists. It has served to re-establish the link between thinking and reality weakened by Idealism. Its emphasis on radical criticism is a useful damper on generalizations. Phenomenology, like analysis, however, eschews the first order questions, and it remains divided about its own stance with reference to the transcendental. It comes very close to the metaphysical in the complicated system it has elaborated to give validity to its own method.

Phenomenological method has been most productively exploited by that mixed group of thinkers and writers categorized as existentialists. They too despair of any attempt to deduce essences or arrive at meanings for existence. They are content to grasp reality only as it can be apprehended by the subject experiencing the world: Man is unique among creatures by his capacity to make choices. They look at the age-old questions about man, nature and cosmos from the point of view of the meaning they hold for the experiencing subject. Here we have still another reaction to Idealism and its obsession with all-embracing absolutes. Existentialism asserts that each man creates his own absolutes, and thus all universal conceptions are without meaning.

Analytic philosophy, phenomenology and existentialism are partial attempts to re-order the relationship between thought and reality put into question by Idealist philosophy. They do so by limiting some of the pretentions of philosophy. They focus on selected segments of reality—those which can be known with some degree of certainty—sense knowledge, language, phenomena of consciousness, or subjective experiences of the existing world. Contemporary philosophies share a dis-affection for metaphysics and first order questions, the sort of questions which were of deep concern for traditional philosophy.

Contemporary philosophy is thus inward looking, restrained in its generalizations, highly subjectivistic and even solipsistic. Its content ranges from detailed descriptions of particular and concrete phenomena and individual life situations to abstruse analyses of language. Significantly, contemporary philosophy emphasizes the "what is" as the only reality worth knowing and denies the
"ought" a genuine kn
stance is effort to arri
which might guide perpl ed odern man. O re m
and the subjective can be examined. Values, in consequence,
be relative and individually determined or not suscp ble to
analysis at all. The preoccupation of contemporary philosophy
with the "is" tends to enshrine the existent as the ideal and to
foreclose any effort to define the "what should be." While com-
batting Idealism's autonomy of thought from reality, modern
philosophers have capitulated to the autonomy of the empiric, the
experienced phenomenon or the subjective perception of the ex-
periencing subject.

Philosophy, so construed, is unequal to the most urgent questions
now besetting mankind—his wars, double edged technologies and
his overwhelming sense of bewilderment about existence itself.
With both theology and philosophy in retreat, where can man
turn? Was Nietzsche right in destroying both God and reason, and
is madness or self-destruction on a mass scale all that is lefl? A
philosophy which safely ensconces itself in analysis and delegates
the answers to these questions to social or physical scientists is
derelict. All mankind knows it, as indeed do the philosophers
themselves. The love of wisdom and the ardor of its pursuit cannot
be so easily denigrated for long. Contemporary philosophers are
beginning to feel a resurgence of the ancient urge to look at the
difficult questions again. This is especially so since the science to
which the positivists so readily capitulated has shown no superiority
in dealing with value questions and first order issues.

There are signs that the imponderables may again become
legitimate objects of wonder and inquiry. Metaphysics is being
revived as philosophers perceive the limitations of contemporary
philosophy—now that the vast new reservoirs of fact science pro-
vides can act as effective antidotes against a renaissance of the
unfettered speculations of past philosophies. Analysis, instead of
being an end in itself, can be a useful adjunct in grappling with the
old questions, so long as it is not confused as the whole of philosophy.

The perennial questions are still there; the problem of causality,
the mind-body problem, the nature of knowing, of time, con-
sciousness, perception, and person, etc. Interest is again being
shown in the prelogical bases from which human thought and
actions spring. Meta-ethics, meta-psychology, meta-politics and
meta-philosophy are terms increasingly used. Instead of capitulating to the evident superiority of science in apprehending things themselves, the philosopher is beginning to see the first order questions which new factual data have lain bare. As Strawson, one of the revivers of metaphysics, somewhat apologetically puts it at the conclusion of his treatise, *Individuals*, "So if metaphysics is the finding of reasons, good, bad or indifferent for what we believe on instinct, then this has been metaphysics."  

*Medicine and Philosophy—The New Rapprochement*

Medicine and philosophy are today entering an era in which each discipline exhibits strengths and weaknesses which are complementary to each other. If judiciously matched, these complementarities could yield a new cultural synthesis, rivalling that of ancient Greece. Medicine now appreciates some of the limitations of its reductionistic stance. Philosophy is becoming aware of its defection from fundamental human questions. Philosophy has purged itself of excessive speculations and vain system making. Medicine, has based itself in scientifically verifiable fact. Both disciplines are becoming strong and independent enough to reawaken their centuries-old flirtation without fears of being confused with each other.

Medicine would come to the new relationship rich in detailed knowledge of man as a biological and psychosocial being from the molecular to the social levels of organization. Medicine could provide the powerful stimulus to philosophy which Christian theology provided in the middle ages. Philosophy, would bring to the new relationship a set of new tools which could be applied to the rich data gathered by medical sciences. Philosophy's purgation through logical positivism, analytic philosophy and phenomenology would enable it to take a sounder view of the old first order questions, with particular emphasis on those which relate to human values—the realm in which medicine and science are not suitable tools. The phenomenological and existential bias of contemporary philosophy admirably fits it for engagement with the multitudinous concrete data with which medicine now abounds.

By matching the templates of their strengths and weaknesses, medicine and philosophy can open up the possibility of a viable contemporary philosophical anthropology, the first step in any new cultural synthesis. Whatever the outcome, medicine and philosophy
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To be a stimulus for medicine—and indeed for y the intellectual discipline—philosophy must emerge from the residual solipsism of logical positivism and linguistic analysis. It must regain confidence in two of its perennial and essential functions: first, the use of critical inquiry and reflection as a tool for examination of more than the sensible data of science, and second, it must involve itself again in a serious study of the fundamental, first order questions—the ones which refused to dissolve in the acid of philosophy's recent binge of self analysis. These latter are the questions which do not admit of yes/no, or true/false answers but yet are of perennial and utmost significance for man. Lange suggests that genuine philosophy makes proposals about these first order questions, proposals which enable man to examine them continually and productively. In essence, this is the Socratic mission—to seek general concepts by the careful maieutic method while remaining skeptical of absolutes. Yet, the act of reflecting on the limitations of our knowledge provides a guide which focuses on man and avoids the two extremes of deifying him or making him a mere object of science.

The philosopher, even when he is wrong, is like a beacon on the reefs, which says to the seaman: steer clear of me. He enables men (at least those who have not been seduced by him) to identify the errors from which they suffer, to become clearly aware of them, and to struggle against them. Modern philosophy itself provides a beacon on the reefs of analytic excess which can be as bad as speculative excess. Philosophy appears to be on its way to re-engaging in the struggle with first order questions—this time wary of its past speculative excesses. Philosophy, thus refurbished can become, once again, a potent influence in law, politics, and religion, as well as in medicine.

The Medical Uses of Philosophy

Medicine and philosophy are in need of each other and there are medical uses of philosophy as well as philosophical uses of
We can conclude this essay by considering only the former, leaving the latter to another time.

The medical uses of philosophy can be examined under two aspects—philosophy in medicine and philosophy of medicine. These aspects are distinct and require separate consideration.

A) Philosophy In Medicine

By this I mean a reinfusion of the critical intelligence into medical thought, practice and education. There is an urgent need to make medicine an examined profession, to subject all its presuppositions and axioms to rigorous re-examination by the elenctic method—the questioning of accepted opinion and belief, the rejection of unsupported dogmas, the demand for justification of beliefs however sacred. Medicine badly needs this illumination. Its unparalleled success as a technique has brought it to the most dangerous level of dogmatism and complacency ever. Authority in the clinical situation is being uncritically transferred to the realms of values, morals and purposes. Since certitude of the scientific variety is not attainable in these questions, the physician is easily tempted to impose his own attitudes, beliefs and values in the medical transaction.

Medical decisions, like all human actions, are based upon the values each of us places on life, pain, health, esthetics, the purpose of human existence and all those beliefs which constitute our image of ourselves and our world. Physicians rarely, if ever, analyze the pre-logical roots of their own decisions. Critical philosophy is necessary to uncover the identity of those values, reveal their uncertainties, their ambiguities and their conflicts with other values. Medicine needs urgently to be sensitized to the intersections of values inherent in every medical act.

Rigorously conducted, this examination would quickly demonstrate the inadequacy of the scientific method in the study of those aspects of man which are distinctly human. No small part of the hubris of medicine derives from its over-identification with scientific method and reductionism as the only means to valid knowledge. Philosophical inquiry should make clear the distinction between what “is” and what “ought” to be. It can demonstrate the necessity of separate methods of inquiry for each. Better understanding of the uncertainties, the conjectures and the idealization of the reality and the “faith” which is at the foundation of
physics might reduce some of the condescension medical scientists—and even physicians—have for other means of acquiring knowledge. The positivist attitude which physicians imbibe uncritically from their teachers needs to be challenged intellectually so that its limitations can be discerned by every clinician.

Philosophy in medicine could address a host of other more formal philosophic problems—those which medicine shares with other sciences—problems of causality, the classification of disease, the structure of decision-making, the logic of discovery, the limitations of observation, the peculiar problems of probability in the life sciences. These are more than simply extensions of the philosophy of physical science. Medicine is simultaneously one of the sciences and one of the arts; its unique object, man, exhibits a degree of organization and complexity which complicates the standard problems of the philosophy of science. Purpose and consciousness intrude in every attempt to reduce man to merely biological terms, or mechanistic terms.

B) Philosophy Of Medicine

An even more interesting and as yet rudimentary medical use of philosophy is the development of a philosophy of medicine. The vexed history of the relationships of medicine and philosophy makes this a delicate affair, to be approached with circumspection. But the time is overdue for the development of a conceptual framework for medicine and for some attempt at its meaning in general culture. We face increasingly questions such as what is health, what is illness, what do we mean by a disease. Diagnosis and treatment are increasingly rooted in our concepts of person, personality, the mind-body problem, consciousness and determinism versus freedom. Intrinsic to a philosophy of medicine are the social purposes of medicine, the whole realm of biomedical ethics—a separate subject in itself, especially the prelogical bases of ethical systems—and the formal axiology of medical values. In short, we must use the tools of philosophy to frame first order questions about medicine which have been taken for granted. We may lack a formal and conscious philosophy of medicine, but every physician uses certain assumptions and follows certain modes of thought which like it or not, constitute a philosophy of medicine. It is high time that these axioms be delineated, recognized, revealed and challenged. This is a ripe field for the critical philosophy of which Zaner has spoken.

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A philosophy of medicine would deal with the trans-medical meaning of medicine, that is with a theory of medicine and its fundamental concepts in philosophical terms. Medicine cannot explain itself anymore than physics can. A philosophy of medicine could make medicine more intelligible, though it would not explain all of medicine or constitute a metaphysics of medicine.

A philosophy of medicine deals with the same facts as medicine, and it is essential therefore that the medical facts be verifiable and reliable. But the point of view for the examination of these facts would be different than that of medicine. A philosophy of medicine would try to understand the "problem" of medicine—why we make certain decisions, what values underlie those decisions, what theory of man energizes our clinical decisions, what epistemic bias and what logical pathways we follow.

A philosophy of medicine enables us better to understand what we mean by health and illness, how we determine these states, what the physician is and what society may expect of him. A philosophy of medicine is now possible. It can be based on the critical method of philosophy cleansed of its speculative excesses and, focussing on the experiential and the phenomenological. No better alternative to the spurious philosophies of medicine which have bedevilled the history of medicine can be imagined than one which might be wrought of the ingredients of modern scientific medicine and contemporary philosophy. It would assuredly be a significant contribution to the general culture of modern man.

To call for a philosophy of medicine is not to yearn for some new Hegelian absolute or for an instant unified field theory for medicine. Rather, we are seeking a more rigorous philosophical reflection on those questions most pertinent to the nature of medicine and man. Such an inquiry will reveal our ignorance as well as our knowledge. We may even end in aporia—confused and doubtful—but we will then know better the basis of our doubts. Best of all, we will have gained that humility which is the only safeguard against the inhumane use of the capabilities of modern medicine. An unexamined philosophy of medicine can reduce man to the status of an object or an abstraction—and the danger is present and immediate.

The medical uses of philosophy—and the philosophical uses of medicine which we have touched only tangentially here—promise a major cultural response to the central question of all human cul-
ture—the problem of man. The idea we hold of man cond
ting the way we treat each other as individuals and nations as well as
the satisfaction we enjoy or miss in individual human existence.
Despite his unhappy world and his overwhelming problems, man
continues to wonder about himself. Aristotle said, “It is wonder
that made men first to philosophize and still makes them today
wondering originally about the problems close at hand and then
little by little advancing to strain their minds over the great
perplexities. . . .”27

The history of human culture traces the oscillations of man’s
wonder from the near at hand to the great perplexities and back
again. We seem to move intermittently from physics to meta-
physics and medicine to philosophy. We appear today to be at the
threshold of another cycle in which our wonder at the phenomenon
of man generated by medicine will lead us to “strain” again at
the larger perplexities open to us through philosophy.

This new confluence of Minerva and Aesculapius could be the
start of a new modern day Paidea—the cultural synthesis modern
man needs, as did his Greek predecessors, to make his civilization
mature and give some meaning to the world in which we live.
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